

**Application Data Sheet****Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Group Art Unit::       | N/A   |
| CD-ROM or CD-R?::                | None  |
| Sequence submission?::           | None  |
| Computer Readable Form (CRF)?::  | No  |
| Title::                          | VAPOR HYDRATION OF A HYDROPHILIC<br>CATHETER IN A PACKAGE |
| Attorney Docket Number::         | 30056/39183A  |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Total Drawing Sheets::           | 9   |
| Small Entity?::                  | No  |
| Petition included?::             | No  |
| Secrecy Order in Parent Appl.?:: | No  |

**Applicant Information**

|                               |                  |
|-------------------------------|------------------|
| Applicant Authority Type::    | Inventor         |
| Primary Citizenship Country:: | US               |
| Status::                      | Full Capacity    |
| Given Name::                  | Michael          |
| Family Name::                 | Murray           |
| City of Residence::           | Ballina, Co Mayo |
| Country of Residence::        | Ireland          |
| Street of mailing address::   | Clarkes Road     |
| City of mailing address::     | Ballina, Co Mayo |
| Country of mailing address::  | Ireland          |
| Applicant Authority Type::    | Inventor         |

10/540148

JC17 Rec'd PCT/PTO 21 JUN 2005

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: H.  
Family Name:: Gilman  
City of Residence:: Spring Grove  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 7209 Ridge Court  
City of mailing address:: Spring Grove  
State or Province of mailing address:: IL  
Postal or Zip Code of mailing address:: 60081

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Ireland  
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Given Name:: Sean  
Family Name:: Sweeney  
City of Residence:: Ballina, Co Mayo  
Country of Residence:: Ireland  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Ireland  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name:: P.  
Family Name:: Creaven  
City of Residence:: Ballina, Co Mayo  
Country of Residence:: Ireland

Street of mailing address:: 45 The Glebe  
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**Correspondence Information**

Correspondence Customer Number:: 04743

**Representative Information**

Representative Customer Number:: 04743

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | National Stage of                                       | PCT/US04/25417       | 08/06/04             |
| PCT/US04/25417   | An application claiming the benefit under 35 USC 119(e) | 60/493,493           | 08/08/03             |

**Assignee Information**

Assignee name:: HOLLISTER INCORPORATED  
Street of mailing address:: 2000 Hollister Drive  
City of mailing address:: Libertyville  
State or Province of mailing address:: IL  
Postal or Zip Code of mailing address:: 60048